

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
(Page 1)

CF0 15174 US

COPY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled IMAGE FORMING APPARATUS

the specification of which ☐ is attached hereto ☒ was filed on February 27, 2001 as United States Application No. or PCT International Application No. 09/793,130 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b), of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designates at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed:

Country	Application No.	Filed (Day/Mo./Yr.)	(Yes/No) Priority Claimed
JAPAN	2000-056294	1 March 2000	Yes
JAPAN	2001-050386	26 February 2001	Yes

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

FITZPATRICK, CELLA, HARPER & SCINTO
Customer Number: 05514

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor ICHIRO OZAWA
Inventor's signature Ichiro Ozawa
Date April 22, 2001 Citizen/Subject of JAPAN
Residence 4-26-7-205, Umigami, Funabashi-shi, Chiba-ken, Japan
Post Office Address - the same as the above -

Full Name of Second Joint Inventor, if any YOSHIAKI KOBAYASHI
Second Inventor's signature Yoshiaki Kobayashi
Date April 9, 2001 Citizen/Subject of JAPAN
Residence 1768-2-201, Ooka, Numazu-shi, Shizuoka-ken, Japan
Post Office Address c/o Canon Kabushiki Kaisha
30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
(Page 2)

CF0 15174 US

Full Name of Third Joint Inventor, if any HIDEAKI SUZUKI

Third Inventor's signature Hideaki Suzuki

Date April 5, 2001 Citizen/Subject of JAPAN

Residence 822-3-508, Ooka, Numazu-shi, Shizuoka-ken, Japan

Post Office Address c/o Canon Kabushiki Kaisha
30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Fourth Joint Inventor, if any _____

Fourth Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Fifth Joint Inventor, if any _____

Fifth Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Sixth Joint Inventor, if any _____

Sixth Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Seventh Joint Inventor, if any _____

Seventh Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Eighth Joint Inventor, if any _____

Eighth Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____